

A pronounced mediastinal widening

An 89-year-old woman, previously asymptomatic, with history of cardiovascular risk factors namely hypertension and dyslipidemia, vascular dementia, presented to the emergency department with an acute pulmonary oedema in the setting of a hypertensive emergency. After clinical stabilization, a chest radiography was performed and evidenced a pronounced mediastinal widening (Figure 1). Computed tomographic (CT) angiography revealed an intrathoracic and abdominal aortic aneurysm measuring 10,7x7,5cm on retrocardiac position, extending 20cm through the renal hilum (Figure 2). Given the patient's age and comorbidities she was not eligible for TAAA surgical repair.

Atherosclerotic disease is the first cause of thoracoabdominal aneurysms (TAAA) and consequently, cardiovascular risk factors such hypertension and dyslipidemia are themselves main contributors for the development and expansion of TAAA by contributing to the degeneration and weakening of the aortic wall^{1,2}. Lifestyle changes and strict control of cardiovascular risk factors play an essential role in preventing the development and enlargement of the TAAA^{3,4}.

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DIAGNOSIS

Giant aortic thoracoabdominal aneurysm

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Figure 1. Chest radiography evidencing a pronounced mediastinal widening



Figure 2. Computed tomographic (CT) angiography revealing a giant intrathoracic and abdominal aortic aneurysm extending through the renal hilum

